

**Patient Acknowledgment of
Receipt of Dental Materials Fact Sheet and
Notice of Privacy Practices**

As of January 1, 2002 the Dental Board of California now requires that we distribute to our patients a copy of the Dental Materials Fact Sheet. In addition, the Health Insurance Portability and Accountability Act (HIPPA) requires effective April 14, 2003 that patients be given a copy of our Notice of Privacy Practices.

If you would please print and sign your name below.

I, _____ acknowledgment I have received from this office

1. A copy of the Dental Materials Fact Sheet: and
2. Notice of Privacy Practices.

Patient Signature or Personal Representative

Date

If signed by a Personal Representative of the patient, describe the representative's authority to act for this patient. _____

For Office Use

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- _____ Individual refused to sign
 - _____ Communications barriers prohibited obtaining acknowledgment
 - _____ An emergency situation prevented us from obtaining acknowledgment
 - _____ Other (Please Specify)
- _____
